Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			School Year 2 le to School	2005- 2006 Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	county		Legal Entity
15 to 0 to 15 to 16 40 F	2.12.1	t. C. D. L.	with the Orest	le d				L I.E CI
High School or K-12 D	istrict Responsi	ole for Reimbul	rsing the Con	tract		county		Legal Entity
Havre H S			al latada a ala a	-10	F	Hill		0428
Is this contract shar ☐ yes ☐ no	ed between ei	ementary an	a nign scho	Ol?				
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation))	□ No	mbursement	Studer	t Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be re- sportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Studer	t Name	School	Grade
Check here only if inconstruct Trustees and t	eased payment	due to isolation	n has been ap	pproved by the	Studer	t Name	School	Grade
Elem District Approval		□ no	tials		Studer	t Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st		□ 2nd Semester Onl	y Both Semesters
Cathie A. Bradb Physical Address (s		only):				dergarten/Kinder Semester Only	garten □ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	HS 30 e to nearest bu HS 6.5 ne-way only	us stop, if any	/ (one way)	is contract. 9-12 Total	Kinder by this To or f To or f Kinder To or f To or f Dead PAREI files. COUN	garten child rides contract: rom Bus Stop rom School garten child rides rom Bus Stop rom School lines: NTS: Due to Sch KS: Send origina TY SUPERINTEN or your files. RE (For dist	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,tool Clerk June 1. I to County Supt by Jul IDENTS: Send original EIMBURSEMENT Ratict, county and OPI ursement rate is determined.	days per week da
Spec. Ed. Contin.							20-10-142, MCA.	
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude, the District shall past semester.	transportation for nts. Mileage con pay the parent the ne basis of the sc	the student(s) to tracts are valid of sum officially a	o and from the school only when transportation approved in the application Section 20-10-1	ter referred to or bus stop on the on for the distance ation upon certifica 42, MCA, and the	reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu	lian assures that a licensed and mber of days the student(s) was
Elementary School			ard of Truste					Date
High School District Havre H S	i .	Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2005 e to School Clerk			
Elementary District Re	esponsible for Re	eimbursing the	Contract		County			Legal Entity
Lligh Cohool or I/ 12 D	Notrict Doggoog	hlo for Doimhu	raina tha Can	troot	Country			Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	irsing the Con	tract	County			
Havre H S	rad batusan a	lamantan, an	d bigh saba	ol?	Hill			0428
Is this contract shar ☐ yes ☐ no	red between e	iementary ar	ia nign scho	OI?				
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation)	□ No	mhursamant	Student Nar	ne	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Nar	ne	School	Grade
Check here only if inconstruct Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Nar	ne	School	Grade
Elem District Approval		□ no	itials		Student Nar	ne	School	Grade
HS District Approval County Approval	,	□ no			THIS CONT		DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Seme		□ 2nd Semester Only	y Both Semesters
Sandra Spinner Physical Address (s		only):			Pre-kinderga □ 1st Seme		garten 2nd Semester Only	y □ Both Semesters
							(INDERGARTEN:	•
Distance from home Elementary 0 Distance from home Elementary 0	HS 36	·	•		by this con To or from E To or from S Kindergarte	tract: Bus Stop School en child ride	times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To or from S	School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to t	be covered by th	is contract.	Deadline	<u>S:</u>	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: S			y 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans					copy for you		IDENIS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	
Correspondence						,		,
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.					L		20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and school	district (distr	rict name)	,
(county name)				County, hereinaf	ter referred to as th	e District(s).		
	ansport or provide							ian assures that a licensed and
2. In March and June transported for the	, the District shall	pay the parent the	e sum officially a	only when transportation in the application	on for the distance reported tion upon certification by	the teacher or p	ct actually occurs. rincipal of the school of the nul	mber of days the student(s) was
The payment shall	be computed on t	he basis of the so	chedule establish	ned in Section 20-10-1 student(s) is no longe	42, MCA, and the informar enrolled in school, whic	ation accompany hever occurs firs	ring this contract. t.	
Elementary School			ard of Truste					Date
High School District Havre H S	t	Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	nformation is true a	and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Light Entity Ligh		Box 202501 na, MT 59620)-2501	Due to School Clerk June 1						
Havre H S Is this contract shared between elementary and high school? Yes Sim Sim	Elementary District Re	esponsible for Re	eimbursing the	Contract			County		Legal Entity	
Baths contract shared between elementary and high school? yes										
Is this contract shared between elementary and high school? yes		District Responsit	ole for Reimbur	sing the Con	tract		,			
Question				d letele e de e	-10		Hill		0428	
(If yes, please attach explanation) SIGUATION. Scrioo 210-142, MCA, provides for increased rembursement rates for apocal circumstances of solition of residence. In order to receive the provides grant of the courty framaportation committee. SIGUATION Scrioo 210-142, MCA, provides for increased premiums and the Office of Public instruction. (10,7-116 ARM) provides guidelines for such.) Student Name School Grade THIS CONTRACT IS FOR: Grade Student Name School This CONTRACT IS FOR: Grade Student Name School Grade THIS CONTRACT IS FOR: Grade Student Name School Grade THIS CONTRA		red between ei	ementary and	nign scho	Ol?					
Trained for special circumstances of isolation of residence. In order to neceive microsead rate, without all crossinations of microsead rate, without all crossinations of the provided and approved by the public instruction. (10.7.16 ARM provides guidelines for such.) Check here only if innocessed payment due to isolation has been approved by the beneficial responsible of comments. The payment of county framework is and the County framework is an incomment of the provided and t	(If yes, please attaction: Section	ch explanation) 20-10-142, MCA) A, provides for i	ncreased rei	mbursement	Stude	nt Name	School	Grade	
Student Name School Grade	increased rates, indivi- trustees of the district,	dual circumstand the county trans	ces must be rev sportation comr	riewed and a nittee, and th	pproved by the	Stude	nt Name	School	Grade	
Student Name School Grade	Check here only if inci	reased payment	due to isolation sportation Com	ı has been ap mittee.	oproved by the	Stude	nt Name	School	Grade	
Parent or Guardian Name: (Please Print)			□ no	ials 		Stude	nt Name	School	Grade	
Sandy Young Physical Address (street address only): Distance from home to nearest school (one way) Elementary 0 HS 26.5 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 26.5 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 26 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 5 Contract is for one-way only Sudents in Each Grade Level - Only include the students to be covered by this contract. To or from Bus Stop								OR:		
Physical Address (street address only): State Stemester Only 2nd Semester Only 8bth Semesters	Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Only	y Both Semesters	
Distance from home to nearest school (one way) Elementary 0 HS 26.5 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 5 Distance from home to nearest bus stop, if any (one way) HS 5 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.		street address	only):						y Both Semesters	
Distance from home to nearest school (one way) Elementary 0 HS 26.5 Distance from home to nearest bus stop, if any (one way) Distance from home to nearest bus stop, if any (one way) Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 5 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week Gindergarten child rides without other school-age students: To or from Bus Stop times per day. CLERKS: Send original to County Sup times per day. CLERKS: Send original to County Sup Sup Julian S						KINDI	ERGARTEN/PRE	KINDERGARTEN:		
Distance from nome to nearest bus stop, if any (one way) Elementary 0			chool (one wa	y)		by thi	s contract:			
Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total			us stop, if any	(one way)		Kinde To or	rgarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (s). The parties agree as follows: The parties agree as follows:	□ Contract is for o	ne-way only						times per day, _	days per week	
Regular Trans Spec. Ed. Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) Double name name name name name name name nam	Students in Each Grade L	evel - Only include.		e covered by th	is contract.			ool Clerk June 1.		
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) Name native		_			-		KS: Send origina	I to County Supt by Jul	y 1, retain a copy for your	
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), County name)	•							NDENTS: Send origina	ıl to OPI by July 10, retain a	
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)	•					сору і		IMPLIDOEMENT D	ATE	
Agreement between parent (parent name)										
Agreement between parent (parent name)	Reg.						D. institut		-t- d b	
Agreement between parent (parent name)	0 ,						Reimb		nined by	
County name County, hereinafter referred to as the District(s). The parties agree as follows: The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date	Spec. Ed. Contin.									
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transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date	insured driver will	transport the studer	nts. Mileage cont	racts are valid	only when transportation	on for the distanc	e reported on the contra	ct actually occurs.		
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date	transported for the	past semester.	•	•		•		•	mber of days the student(s) was	
High School District Chair, Board of Trustees Date Havre H S	 This contract shall 	I terminate at the er	nd of the school ye	ear or when the	student(s) is no longe				Date	
	High School Distric									
	Havie II S		l	I attes	t that the above i	information is	true and correct.		l	
Signature - Parent or Guardian Date	Signature - Parent or	r Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	: Contract			County		Legal Entity
Havre Elem						Hill		0427
High School or K-12 D	istrict Responsi	ble for Reimbu	ırsing the Con	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?				
Are you applying fo	r isolation stat	us? 🗆 Yes	□ No		Stud	dent Name	School	Grade
(If yes, please attac	h explanation) A, provides for	increased rei	mbursement	Otac	icht ivanic	CCHOOL	Grade
rates for special circur increased rates, individ trustees of the district,	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and a nmittee, and the	to receive pproved by the	Stud	dent Name	School	Grade
Public Instruction. (10. Check here only if incr District Trustees and ti	eased payment	due to isolation	n has been a	oproved by the	Stud	lent Name	School	Grade
	-	In	itials		Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes							Ciddo
County Approval Parent or Guardian		□ no •• Print)			Gra	<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>	
		ic i iiit)			□ 1	st Semester Only	 2nd Semester Only 	/ □ Both Semesters
Angela Twombl Physical Address (s	y treet address	oulv).				kindergarten/Kinder		
, 6.66. 7.66. 66		····				·	□ 2nd Semester Only	y □ Both Semesters
Distance from home Elementary 10 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 0 e to nearest bu HS 0 ne-way only evel - Only include	us stop, if an	y (one way)	,	Kind by t To c To c Kind To c To c	his contract: or from Bus Stop or from School dergarten child ride	times per day,times per day,times per day,tes without other school times per day,times per day,times per day,times per day,	days per week days per week ol-age students: days per week days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files	-	to County Supt by July	/ 1, retain a copy for your
Regular Trans							IDENTS: Send original	I to OPI by July 10, retain a
Spec. Ed. Trans						for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(, e,	, county and or .	,
Reg. Contingency						Reimb	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
						L		
Agraament hatusas	naront (naro	nt nama)			one	d achool district (dist	rict name)	
	r parent (pare	nt name)						······································
(county name) The parties agree as follow				3,		to as the District(s).		ton and the start of the start of the start of
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	ian assures that a licensed and nber of days the student(s) was
transported for the	past semester.					the information accompany		inder of days the student(s) was
4. This contract shall Elementary School	terminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in so	chool, whichever occurs firs	it.	Date
Havre Elem								
High School District		Cnair, Boa	ard of Truste	ees				Date
			l attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Signature - Parent or Guardian				Date	
	l atte	est that the above i	information is true and correct.		
High School District	Chair, Board of Trust	tees			Date
Elementary School District Havre Elem	Chair, Board of Trust	iees			Date
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the payment shall terminate at the e	transportation for the student(sints. Mileage contracts are valid pay the parent the sum officially the basis of the schedule establied of the school year or when the	County, hereinafication of the school of only when transportation approved in the application in Section 20-10-1 ne student(s) is no longe	, and school district (distret referred to as the District(s). or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or p 42, MCA, and the information accompanyer enrolled in school, whichever occurs firs	session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.	dian assures that a licensed and mber of days the student(s) was
Contingency Spec. Ed. Contin.			Reimb	ursement rate is deterr 20-10-142, MCA.	Tillied by
Reg.			5 · -	una anno anti-orto de de	al bu
Room & Board Correspondence				EIMBURSEMENT RA rict, county and OPI	
Spec. Ed. Trans			copy for your files.	IMPLIDOCMENT	ATE
Regular Trans				IDENTS: Send origina	al to OPI by July 10, retain a
Pre-K Total	K 1-8 Total Total	9-12 Total	PARENTS: Due to Sch		y 1, retain a copy for your
☐ Contract is for one-way only Students in Each Grade Level - Only include	the students to be covered by	this contract.	Deadlines:		
Distance from home to nearest so Elementary 5 HS 0 Distance from home to nearest be Elementary 0 HS 0)	by this contract: To or from Bus Stop To or from School Kindergarten child ride	times per day, _ times per day, _ es without other scho	days per week days per week col-age students: days per week days per week
			KINDERGARTEN/PREI Kindergarten child ride		age students also covered
Annette Horsley Physical Address (street address	only):		Pre-kindergarten/Kinder ☐ 1st Semester Only		y Both Semesters
Parent or Guardian Name: (Pleas	se Print)		☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
County Approval	no no		THIS CONTRACT IS FO	<u>DR:</u>	
	Initials		Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro	due to isolation has been a	approved by the	Student Name	School	Grade
rates for special circumstances of isole increased rates, individual circumstan trustees of the district, the county tran	ation of residence. In order ces must be reviewed and sportation committee, and t	r to receive approved by the	Student Name	School	Grade
Are you applying for isolation stat (If yes, please attach explanation ISOLATION: Section 20-10-142, MC.)	aimhursamant	Student Name	School	Grade
Is this contract shared between e □ yes □ no	lementary and high sch	ool?			
Thigh dender of R 12 Bladist Responsi	ble for realinburshing the co	Hudot	County		Logdi Linky
Havre Elem High School or K-12 District Responsi	hle for Reimhursing the Co	ntract	Hill County		0427 Legal Entity
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
PO Box 202501 Helena, MT 59620	0-2501	Du	e to School Clerk June 1		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Res	oonsible for Re	imbursing the	Contract		County		Legal Entity
Havre Elem					Hill		0427
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u>'</u>		
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement		3033	0.000
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	al circumstanc ne county trans	es must be re sportation com	eviewed and ap nmittee, and the	proved by the	Student Name	School	Grade
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		In no	itials		Student Name	School	Grade
		no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian N	iame: (Pieas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Fred Kaul Physical Address (str	reet address	only):			Pre-kindergarten/Kind ☐ 1st Semester Only	dergarten	ly □ Both Semesters
Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for on Students in Each Grade Levent Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only	is stop, if an	y (one way) be covered by this Total	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child in To or from Bus Stop To or from School Deadlines: PARENTS: Due to S CLERKS: Send origination files. COUNTY SUPERINT copy for your files. (For contraction of the sent	times per day, times	days per week da
insured driver will tra In March and June, the transported for the p This contract shall be to the post of the part of the payment shall be to the p	sport or provide t nsport the studer he District shall past semester. e computed on th rminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially a chedule establish	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	, and school district (conter referred to as the District or bus stop on the days when school on for the distance reported on the contion upon certification by the teacher 42, MCA, and the information accompare enrolled in school, whichever occurs	(S). is in session. The parent or guarantract actually occurs. or principal of the school of the nuclearlying this contract.	dian assures that a licensed and
Havre Elem High School District		Chair, Boa	ard of Trustee	es			Date
			1 11	41-441-		-1	
Signature - Parent or 0	Guardian		I attest	tnat the above i	information is true and corre	Ct. Date	
Signature - Parent of C	oudi Uidii					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 ∙na, MT 59620)-2501				ool Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Havre Elem						Hill		0427
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract shar	red between e	lementary ar	nd high scho	ol?				
Are you applying fo (If yes, please attac	ch explanation)	□ No		Stu	dent Name	School	Grade
ISOLATION: Section rates for special circur	mstances of isola	ation of resider	nce. In order t	to receive	Stu	dent Name	School	Grade
increased rates, indivi- trustees of the district, Public Instruction. (10	the county trans	sportation com	mittee, and th			uent name	301001	Grade
Check here only if inconstrict Trustees and t				oproved by the	Stu	dent Name	School	Grade
Elem District Approval	l □ yes	□ no	itials		Stu	dent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Heidi Nystrom						-kindergarten/Kinder		
Physical Address (s	street address	oniy):				1st Semester Only	☐ 2nd Semester Only	y Both Semesters
Distance from home	e to nearest so	chool (one w	av)		Kin	IDERGARTEN/PREM dergarten child ride this contract:	KINDERGARTEN: es <u>with</u> other school-a	age students also covered
Elementary 18	HS 0	(22	,,		To	or from Bus Stop	times per day, _	days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if an	y (one way)		Kin To (dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
□ Contract is for o	ne-way only				10	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	De	adlines: RENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
Regular Trans	Total	Total	10101	- Total	files		to County Cupt by Sui	y 1, retain a copy for your
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	ll to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						 Reimb	ursement rate is detern	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	,
				1				
Agreement between	n parent (pare	nt name)			, an	d school district (dist	rict name)	,
(county name)				County, hereinaf	ter referred	d to as the District(s).		
	ansport or provide							ian assures that a licensed and
In March and June	e, the District shall p					ance reported on the contra- ification by the teacher or p		mber of days the student(s) was
	l be computed on the					the information accompany		
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in s	chool, whichever occurs firs	t.	Date
Havre Elem High School Distric	t	Chair, Boa	ard of Truste	es				Date
_								
Signature Description	. Guardia:		I attes	t that the above i	ınformatior	is true and correct.	Data	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County		Legal Entity
Havre Elem						Hill		0427
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	l high scho	ol?				
Are you applying for (If yes, please attack	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individe trustees of the district.	nstances of isola dual circumstand the county trans	tion of residences must be revi portation comm	e. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.) Check here only if incomplished Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes	Initi □ no	als		Stud	dent Name	School	Grade
HS District Approval County Approval	•	no no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly Both Semesters
Heidi Nystrom						-kindergarten/Kinderg		
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester On	lly Both Semesters
Distance from home Elementary 18 Distance from home Elementary 4 Contract is for or Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kin by to Too Kin Too Co	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original i. UNTY SUPERINTEN y for your files.	times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1.	days per week da
Reg. Contingency Spec. Ed. Contin.						Reimbu	ursement rate is deter 20-10-142, MCA.	rmined by
insured driver will t In March and June transported for the The payment shall This contract shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for t tts. Mileage contr ay the parent the e basis of the sch d of the school ye	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract.	rdian assures that a licensed and umber of days the student(s) was
Elementary School Havre Elem	DISTRICT	Chair, Boar	a of Truste	es 				Date
High School District		Chair, Boar	d of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620)-2501		Due to Sch	ool Clerk June 1		
Elementary District Responsible for Re	eimbursing the Con	tract		County		Legal Entity
Havre Elem				Hill		0427
High School or K-12 District Responsi	ole for Reimbursing	the Contract		County		Legal Entity
Is this contract shared between e	ementary and hi	gh school?				
Are you applying for isolation stat		No	Sti	udent Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for incre				Concor	- Crado
rates for special circumstances of isola increased rates, individual circumstance			y the Stu	udent Name	School	Grade
trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov			f			
Check here only if increased payment	, and the second	·	Stu	udent Name	School	Grade
District Trustees and the County Trans						
	□ no		Stu	udent Name	School	Grade
County Approval yes	□ no			IIS CONTRACT IS FO ades 1-12	DR:	
Parent or Guardian Name: (Pleas	e Print)		_	1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Jane Warp			Pre	e-kindergarten/Kinder	garten	
Physical Address (street address	only):			1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
				NDERGARTEN/PREI		
Distance from home to nearest so	chool (one way)		by	this contract:		ge students also covered
Elementary 5 HS 0			To To	or from Bus Stop or from School	times per day, _ times per day	days per week
Distance from home to nearest but Elementary 0 HS 0	us stop, if any (or	ne way)	Ki	ndergarten child ride	es without other school	days per week ol-age students:
•			To	or from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for one-way only Students in Each Grade Level - Only include	the students to be cov	vered by this contract.	De	eadlines:		
Pre-K		1-8 9-1	PA	RENTS: Due to Sch	ool Clerk June 1.	
Total		otal Total		ERKS: Send origina	I to County Supt by July	/ 1, retain a copy for your
Regular Trans			file	S.		
Spec. Ed. Trans				DUNTY SUPERINTEN py for your files.	IDENTS: Send original	I to OPI by July 10, retain a
Room & Board					EIMBURSEMENT RA	ATF
Correspondence					rict, county and OPI	
_ '						
Reg. Contingency				Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.					20-10-142, MCA.	
		, 				
Agreement between parent (pare	nt name)		, aı	nd school district (dist	rict name)	,
(county namo)	,			ed to as the District(s).		
(county name) The parties agree as follows: 1. The parent shall transport or provide	transportation for the s	•				ian assures that a licensed and
insured driver will transport the stude In March and June, the District shall p	nts. Mileage contracts	are valid only when t	ansportation for the dis	tance reported on the contra	ct actually occurs.	
transported for the past semester. 3. The payment shall be computed on the						inder of days the student(s) was
 This contract shall terminate at the er 	nd of the school year o	r when the student(s)				Doto
Elementary School District Havre Elem	Chair, Board o	n musices				Date
High School District	Chair, Board of	of Trustees				Date
	1		ahaya infamasia			1
		I attest that the	above informatio	n is true and correct.		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to School Clerk June	1	
Elementary District Res	sponsible for Re	imbursing the	Contract		County		Legal Entity
Havre Elem					Hill		0427
High School or K-12 Dis	strict Responsit	ole for Reimbu	irsing the Conti	ract	County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reim	nbursement		00.100.	3.440
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	receive proved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		In no	itials		Student Name	School	Grade
		no			THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian I	Name: (Pleas	e Print)			☐ 1st Semester O	nly 2nd Semester Or	nly Both Semesters
Janee Finchum Physical Address (st	reet address	only):			Pre-kindergarten/K ☐ 1st Semester O	indergarten nly □ 2nd Semester Or	nly Both Semesters
Distance from home Elementary 8 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way) be covered by this Total	9-12 Total	Kindergarten chile by this contract: To or from Bus Sto To or from School Kindergarten chile To or from Bus Sto To or from School Deadlines: PARENTS: Due to CLERKS: Send or files. COUNTY SUPERII copy for your files. (Fo	ptimes per day,times per day, d rides without other sch ptimes per day, times per day, times per day, so School Clerk June 1. riginal to County Supt by June NTENDENTS: Send origin REIMBURSEMENT For district, county and OF eimbursement rate is deter 20-10-142, MCA.	days per week days per week uly 1, retain a copy for your nal to OPI by July 10, retain a RATE Pl use only) rmined by
insured driver will tr. In March and June, transported for the p. The payment shall the contract shall the	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf and from the school nly when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred to as the Distri or bus stop on the days when scho on for the distance reported on the	ool is in session. The parent or gua contract actually occurs. er or principal of the school of the no ompanying this contract.	rdian assures that a licensed and
Havre Elem High School District		Chair, Boa	ard of Trustee	es			Date
		<u> </u>	Lattoot	that the above	information is true and ser	rect	
Signature - Parent or	Guardian		ı attest	mat me above	information is true and cor	Date	
Signature Tarent Of	- 441 41411					24.0	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620)-2501	D	ue to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Cont	ract	County		Legal Entity
Havre Elem			Hill		0427
High School or K-12 District Responsit	ole for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between el ☐ yes ☐ no	ementary and hig	jh school?			
Are you applying for isolation state		No	Student Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for incre			Concor	- Crado
rates for special circumstances of isola increased rates, individual circumstance			Student Name	School	Grade
trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov					
Check here only if increased payment	Ţ.	,	Student Name	School	Grade
District Trustees and the County Trans				 	
	□ no		Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FO	<u>DR:</u>	
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Jeanne McLean			Pre-kindergarten/Kinder	garten	
Physical Address (street address	only):		☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
			KINDERGARTEN/PREI	(INDERGARTEN:	
Distance from home to nearest so	chool (one way)		by this contract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered
Elementary 5 HS 0			To or from Bus Stop To or from School	times per day, _ times per day	days per week
Distance from home to nearest bu Elementary 0 HS 0	ıs stop, if any (on	e way)	Kindergarten child ride	s without other school	days per week ol-age students:
•			To or from School	times per day, _	days per week days per week
☐ Contract is for one-way only Students in Each Grade Level - Only include	the students to be cov	ared by this contract	Deadlines:		
· .			PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total		1-8 9-12 otal Total	CLERKS: Send origina	to County Supt by July	/ 1, retain a copy for your
Regular Trans			files.		
Spec. Ed. Trans			COUNTY SUPERINTEN copy for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board				EIMBURSEMENT RA	\TF
				rict, county and OPI	
Correspondence					
Reg. Contingency			Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.				20-10-142, MCA.	
	L				
Agreement between parent (parei	nt name)		, and school district (dist	rict name)	
	/				,
(county name) The parties agree as follows:			after referred to as the District(s).		
insured driver will transport the stude	nts. Mileage contracts	are valid only when transporta	ol or bus stop on the days when school is in ation for the distance reported on the contra	ct actually occurs.	
transported for the past semester.			cation upon certification by the teacher or p		nuer or days the student(s) was
 This contract shall terminate at the er 	nd of the school year or	when the student(s) is no lon	ger enrolled in school, whichever occurs firs		Dete
Elementary School District Havre Elem	Chair, Board of	rrustees			Date
High School District	Chair, Board o	f Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Havre Elem					Hill		0427
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attaction: Section	20-10-142, MCA	A, provides for			Stadont Hamo	3011001	Grado
rates for special circum increased rates, individ					Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	·	J	·	proved by the	Student Name	School	Grade
District Trustees and the		sportation Com		,			
Elem District Approval HS District Approval	•	□ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Jolyn Bessette					Pre-kindergarten/Kinde	ergarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only	☐ 2nd Semester Only	y Both Semesters
					KINDERGARTEN/PRE	KINDERGARTEN:	ge students also covered
Distance from home		chool (one wa	ıy)		by this contract:		
Elementary 25.7	HS 0				To or from Bus Stop To or from School	times per day, _ times per day,	days per week days per week
Distance from home Elementary 6.1	e to nearest bu HS 0	ıs stop, if any	(one way)		Kindergarten child ric	les without other scho	days per week ol-age students: days per week
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week days per week
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to Sc	hool Clerk June 1.	
	Total	Total	Total	Total		al to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.		
Spec. Ed. Trans					copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	\TF
						strict, county and OPI	
Correspondence							
Reg. Contingency					Reim	bursement rate is determ	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
				<u> </u>			
Agreement betweer	n parent (parei	nt name)			, and school district (dis	strict name)	,
(county name)		,			ter referred to as the District(s		
The parties agree as follow		transportation for		•	or bus stop on the days when school is	•	ian assures that a licensed and
insured driver will t	ransport the studer	nts. Mileage con	tracts are valid o	only when transportation	on for the distance reported on the contrition upon certification by the teacher or	act actually occurs.	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the information accompar	nying this contract.	, ,,
Elementary School			ear or when the ard of Truste		er enrolled in school, whichever occurs fi	rst.	Date
Havre Elem High School District		Chair Boa	rd of Truste	es			Date
. ligit delledi bistilet	· 	Chair, Dua	a or riuste				Jaco
			I attes	t that the above i	information is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	: Contract			County	L	Legal Entity
Havre Elem						Hill		0427
High School or K-12 D	istrict Responsi	ble for Reimbu	ırsing the Con	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?				
Are you applying fo			□ No		Stu	dent Name	School	Grade
(If yes, please attaction isoLATION: Section			increased rei	mbursement	Otal	John Hamo	Control	Ciddo
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	eviewed and a nmittee, and the	pproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been a	oproved by the	Stud	dent Name	School	Grade
	-	In	itials		Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	□ no			TUI	S CONTRACT IS FO	np.	
County Approval Parent or Guardian	•	no			Gra	des 1-12		- 5 4 6
		,			□ 1	st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Matthew Corcor Physical Address (s		only):				-kindergarten/Kinder	garten □ 2nd Semester Only	/ □ Both Semesters
		-,				·	ĺ	both comeders
Distance from home Elementary 5 Distance from home Elementary 0	HS 0	·			Kind by to To d Kind	his contract: or from Bus Stop or from School dergarten child ride	es <u>with</u> other school-a times per day, _ times per day, _ es without other school	days per week days per week ol-age students:
•					To	or from School	times per day, _ times per day, _	days per week days per week
☐ Contract is for o Students in Each Grade L	, ,	the students to	be covered by th	is contract.	De	adlines:		
	Pre-K	К	1-8	9-12		RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files	-	I to County Supt by July	/ 1, retain a copy for your
Regular Trans					COI	UNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(1 of dist	not, county and or r	use offiy)
Reg. Contingency						 Reimb	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
A						dbl di-tri-t (di-t	sist as and a	
Agreement between	n parent (pare	nt name)					rict name)	, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow				3,		I to as the District(s).		
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	ian assures that a licensed and
transported for the	past semester.					the information accompany		nber of days the student(s) was
4. This contract shall Elementary School	terminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in so	chool, whichever occurs firs	st.	Date
Havre Elem								
High School District	t	Chair, Boa	ard of Truste	ees				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620)-2501		e to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County	•	Legal Entity
Havre Elem			Hill		0427
High School or K-12 District Responsit	ole for Reimbursing the C	Contract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high so	hool?			•
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A, provides for increased	reimbursement	Oldden Name	CCHOOL	Grade
rates for special circumstances of isola increased rates, individual circumstance	ation of residence. In ord	er to receive	Student Name	School	Grade
trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	sportation committee, and	d the Office of			
Check here only if increased payment	, and the second	,	Student Name	School	Grade
District Trustees and the County Trans		approved by the			
	□ no		Student Name	School	Grade
	□ no		THIS CONTRACT IS F	OR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly ☐ Both Semesters
Patti Huston			Pre-kindergarten/Kinde	rgarten	
Physical Address (street address	only):				ly Both Semesters
			KINDERGARTEN/PRE	KINDERGARTEN	
Distance from home to nearest so	chool (one way)		Kindergarten child rid by this contract:	les <u>with</u> other school-	age students also covered
Elementary 5.3 HS 0			To or from Bus Stop	times per day,	days per week days per week
Distance from home to nearest bu Elementary 0 HS 0	us stop, if any (one wa	ıy)	Kindergarten child rid	les <u>without</u> other scho	ool-age students:
,			To or from Bus Stop To or from School	times per day, times per day,	days per week days per week
☐ Contract is for one-way only	the students to be severed by	this contrast	Deadlines:		
Students in Each Grade Level - Only include			PARENTS: Due to Sci	nool Clerk June 1.	
Pre-K Total	K 1-8 Total Total	9-12 Total	CLERKS: Send origina	al to County Supt by Ju	ly 1, retain a copy for your
Regular Trans			files.		
				NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board				EIMBURSEMENT R strict, county and OP	
Correspondence			(1 01 013	and, county and or	r doc only)
Reg.			_ Reimb	oursement rate is deter	 mined by
Contingency Spec. Ed. Contin.				20-10-142, MCA.	
Agreement between parent (parer	nt name)		, and school district (dis	trict name)	,
(county name) The parties agree as follows:		County, hereinaf	ter referred to as the District(s).	
The parent shall transport or provide to			or bus stop on the days when school is on for the distance reported on the control		dian assures that a licensed and
In March and June, the District shall p transported for the past semester.	pay the parent the sum officia	lly approved in the applica	ation upon certification by the teacher or	principal of the school of the nu	umber of days the student(s) was
This contract shall terminate at the er	nd of the school year or when	the student(s) is no longe	42, MCA, and the information accompar enrolled in school, whichever occurs fit		T =
Elementary School District Havre Elem	Chair, Board of Tru	stees			Date
High School District	Chair, Board of Tru	stees			Date
	l at	test that the above i	information is true and correct.		I
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Havre Elem					Hill		0427
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attaction: Section	20-10-142, MCA	A, provides for			otadoni riamo	30,1001	- Crado
rates for special circum increased rates, individ					Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
District Trustees and the		sportation Com			0		
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	/ □ 2nd Semester Only	/ □ Both Semesters
Paul Rainey Physical Address (s	troot addraga	only):			Pre-kindergarten/Kin		
Physical Address (s	areer address	oriiy).			☐ 1st Semester Only	/ 2nd Semester Only	/ □ Both Semesters
						REKINDERGARTEN:	ge students also covered
Distance from home Elementary 4	e to nearest so HS 0	thool (one wa	ay)		by this contract:		
•			,		To or from Bus Stop_	times per day, _ times per day, _ rides <u>without</u> other scho	days per week
Distance from home Elementary 0	e to nearest bu HS 0	is stop, if any	(one way)		Kindergarten child	rides without other scho	ol-age students:
□ Contract is for o	ne-way only				To or from School	times per day,times per day,	days per week
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	к	1-8	9-12	PARENTS: Due to S	School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send orig files.	inal to County Supt by July	, 1, retain a copy for your
Regular Trans							
Spec. Ed. Trans					county supering copy for your files.	TENDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	ATF
Correspondence						district, county and OPI	
_							
Reg. Contingency					Rei	mbursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement betweer	n parent (parei	nt name)			, and school district (district name)	,,
(county name)				County, hereinaf	ter referred to as the District	(s).	
The parties agree as follow		transportation for		•	or bus stop on the days when school	• •	ian assures that a licensed and
In March and June	, the District shall p	nts. Mileage con pay the parent the	tracts are valid of sum officially a	only when transportation only when transportation in the application i	on for the distance reported on the co tion upon certification by the teacher	ntract actually occurs. or principal of the school of the nu	nber of days the student(s) was
	be computed on th				42, MCA, and the information accomer enrolled in school, whichever occur		
Elementary School			rd of Truste			o	Date
Havre Elem High School District	:	Chair, Boa	ard of Truste	es			Date
			1 -44-	t that the above '	information is two	ot	
Signature - Parent or	Guardian		I attes	t that the above i	information is true and corre	ct. Date	
orginature - i arciil Or	- au aian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Havre Elem					Hill		0427
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying fo			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for			Stadont Hamo	Concor	- Crado
rates for special circum increased rates, individ					Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	·	, and the second	•	oproved by the	Student Name	School	Grade
District Trustees and the		portation Com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Shannon Verplo	egen				Pre-kindergarten/Kinde	ergarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
					KINDERGARTEN/PRE		ge students also covered
Distance from home		hool (one wa	ıy)		by this contract:		
Elementary 16	HS 0				To or from Bus Stop To or from School	times per day, _ times per day,	days per week days per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if any	(one way)		Kindergarten child rio To or from Bus Stop	les <u>without</u> other scho times per day,	days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to Sc	hool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origin files.	al to County Supt by Jul	/ 1, retain a copy for your
Regular Trans						NDENTO Considerácio	Lts ODI has hala 40 mateirs a
Spec. Ed. Trans					copy for your files.	NDENIS: Send origina	I to OPI by July 10, retain a
Room & Board					R	EIMBURSEMENT RA	ATE
Correspondence						strict, county and OPI	
Reg.							
Contingency					Reim	bursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20 10 142, 10071.	
Agreement between	n parent (parer	nt name)			, and school district (dis	strict name)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(county name)				County, hereinaf	ter referred to as the District(s).	
	ansport or provide t				or bus stop on the days when school is		ian assures that a licensed and
In March and June	, the District shall p	nts. Mileage con pay the parent the	tracts are valid of sum officially a	only when transportation only when transportation in the application of the application o	on for the distance reported on the contra tion upon certification by the teacher or	act actually occurs. principal of the school of the nu	nber of days the student(s) was
	be computed on th				42, MCA, and the information accompa r enrolled in school, whichever occurs for		
Elementary School Havre Elem			rd of Truste		The state of the s		Date
High School District		Chair, Boa	rd of Truste	es			Date
			Lattos	t that the above i	nformation is true and correct		
Signature - Parent or	Guardian		i alles	יג נווסג נווכ מטטעפ ו	mormation is true and correct	Date	
						ĺ	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the (Contract			County	•	Legal Entity
Havre Elem						Hill		0427
High School or K-12 Di	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?				
Are you applying for (If yes, please attacl	h explanation)		□ No		Stuc	lent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	tion of residences must be reversely to the second	ce. In order to iewed and ap nittee, and the	o receive proved by the	Stuc	lent Name	School	Grade
Check here only if incre District Trustees and th		portation Comr	nittee.	proved by the	Stuc	lent Name	School	Grade
Elem District Approval		Initi □ no	als		Stud	lent Name	School	Grade
HS District Approval County Approval	,	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	nly ☐ Both Semesters
Stacie Miller					Pre-	kindergarten/Kinder	garten	
Physical Address (s	treet address	only):						lly □ Both Semesters
Distance from home Elementary 18 Distance from home Elementary 4 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only evel - Only include Pre-K Total	the students to be	(one way) e covered by thi 1-8 Total	9-12 Total	KINI Kinc by t To c Kinc To c To c To c PAR CLE files COU	DERGARTEN/PREVIDENCE CONTROL OF THE PREVIOUS CONTROL O	times per day, times	days per week days per week days per week ool-age students: days per week
insured driver will to 2. In March and June, transported for the 3. The payment shall 4. This contract shall Elementary School I Havre Elem	rs: rnsport or provide t ransport the studer the District shall p past semester. be computed on th terminate at the en	ransportation for the ts. Mileage control ay the parent the see basis of the school year Chair, Boar	the student(s) to racts are valid of sum officially a needule establish ar or when the rd of Truste	o and from the school only when transportation opproved in the applice ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar tactually occurs. rincipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was
High School District		Chair, Boar	d of Truste	es				Date
			l attes	that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Havre Elem					Hill		0427
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Is this contract shar □ yes □ no	ed between el	ementary an	d high scho	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for			Stadon Hamo	3611661	Grado
rates for special circun increased rates, individ	dual circumstand	es must be re	viewed and ap	oproved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
District Trustees and the		portation Com			0		
Elem District Approval HS District Approval		no			Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Steve Brough Physical Address (s	troot addraga	only):			Pre-kindergarten/Kind		
Physical Address (s	ireer address	Offig).			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
					KINDERGARTEN/PR		ge students also covered
Distance from home Elementary 6	e to nearest so HS 0	hool (one wa	ıy)		by this contract:		
•			,		To or from Bus Stop_ To or from School _	times per day, _ times per day, _	days per week days per week ol-age students:
Distance from home Elementary 0	e to nearest bu HS 0	is stop, if any	(one way)		Kindergarten child r	ides without other scho	ol-age students:
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to S	chool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origin files.	nal to County Supt by July	y 1, retain a copy for your
Regular Trans							
Spec. Ed. Trans					county superint copy for your files.	ENDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	ATF
Correspondence						istrict, county and OPI	
_							
Reg. Contingency					Reir	nbursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.						20-10-142, IVICA.	
Agreement betweer	n parent (parei	nt name)			, and school district (d	istrict name)	······································
(county name)				County, hereinaf	ter referred to as the District	s).	
The parties agree as follow		ransportation for		•	or bus stop on the days when school	, ,	ian assures that a licensed and
In March and June	, the District shall p	nts. Mileage con pay the parent the	tracts are valid of sum officially a	only when transportation only when transportation on the application of the application o	on for the distance reported on the continuous transfer of the distance reported on the continuous for the distance of the continuous for the distance of the distance of the continuous for the distance of the continuous for the distance reported on the distance reported on the continuous for the distance reported on t	ntract actually occurs. or principal of the school of the nu	mber of days the student(s) was
	be computed on th				42, MCA, and the information accomp		
Elementary School			rd of Truste		. Chronica in School, Williamever Occurs		Date
Havre Elem High School District		Chair, Boa	rd of Truste	es			Date
			,				
Signature - Parent or	Guardian		I attes	t that the above i	information is true and correct	Date	
orginature - Farent Of	Guaruiali					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk June	1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Havre Elem					Hill		0427
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for			Otadoni Namo	33,100,1	Olddo
rates for special circun increased rates, individ					Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	·	J	•	proved by the	Student Name	School	Grade
District Trustees and th		portation Com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade
County Approval	□ yes	🗆 no			THIS CONTRACT I Grades 1-12	S FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester On	ly 2nd Semester Onl	y Both Semesters
Wanda Sienkow					Pre-kindergarten/Ki	ndergarten	
Physical Address (s	treet address	only):			☐ 1st Semester On	ly 2nd Semester Onl	y Both Semesters
						PREKINDERGARTEN:	
Distance from home		hool (one wa	ay)		by this contract:		age students also covered
Elementary 5	HS 0				To or from Bus Stop	times per day, _ times per day, _	days per week
Distance from home Elementary 0	to nearest bu HS 0	is stop, if any	(one way)		Kindergarten child	rides without other scho	ol-age students:
□ Contract is for o	ne-way only				To or from School	times per day,times per day,	days per week
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:		
	Pre-K	К	1-8	9-12	PARENTS: Due to	School Clerk June 1.	
	Total	Total	Total	Total		ginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.		
Spec. Ed. Trans					county supering copy for your files.	ITENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT RA	ATF
Correspondence					(For	district, county and OPI	
_							
Reg. Contingency					Re	eimbursement rate is deterr	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
				<u> </u>			
Agreement betweer	n parent (parer	nt name)			, and school district	(district name)	
(county name)				County hereinaf	ter referred to as the Distric	ct(s)	
The parties agree as follow		ransportation for		•		ol is in session. The parent or quard	lian assures that a licensed and
In March and June	, the District shall p	nts. Mileage con pay the parent the	tracts are valid o sum officially a	only when transportation only when transportation in the application i	on for the distance reported on the cution upon certification by the teacher	contract actually occurs. or or principal of the school of the nu	mber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	hedule establish	ned in Section 20-10-1	42, MCA, and the information accor	mpanying this contract.	
Elementary School			ear or when the ard of Truste		er enrolled in school, whichever occu	urs tirst.	Date
Havre Elem High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and corr		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Cottonwood Ele	m					Hill		0445
High School or K-12 Di		ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?				
Are you applying for			□ No		Stud	lent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement	01.00		G 0.1361	0.000
rates for special circum increased rates, individual trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and the	oproved by the	Stud	ent Name	School	Grade
Public Instruction. (10.7)	·	J	,		Stud	ent Name	School	Grade
Check here only if incre District Trustees and th		sportation Com	mittee.	proved by the				
Elem District Approval		□ no	tials		Stud	lent Name	School	Grade
HS District Approval County Approval	,	□ no □ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Semesters
Beverly Peterso	n				Dre	kindergarten/Kinder		,
Physical Address (s	treet address	only):						y Both Semesters
					KINI	DERGARTEN/PREI	KINDERGARTEN:	
Distance from home Elementary 18.4	to nearest so	chool (one wa	ay)		by t	his contract:		age students also covered days per week
Distance from home Elementary 8	to nearest bu	us stop, if any	y (one way)		To o Kind To o	r from School lergarten child ride r from Bus Stop	times per day, _ es <u>without</u> other scho times per day, _	days per week ool-age students: days per week
□ Contract is for or	ne-way only				To o	r from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	is contract.	Dea	adlines:		
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		I to County Supt by Jul	y 1, retain a copy for your
Regular Trans							IDENTS: Sand origina	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	IDEN 13. Send ongina	ai to OPI by July 10, letaill a
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						_		
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	parent (pare	nt name)			, and	school district (dist	rict name)	, , , , , , , , , , , , , , , , , , , ,
(county name)				County, hereinat	ter referred	to as the District(s).		
	nsport or provide					the days when school is in		dian assures that a licensed and
	the District shall p							mber of days the student(s) was
The payment shall	be computed on the					the information accompany hool, whichever occurs firs		
Elementary School I Cottonwood Elem	District	Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Truste	es				Date
		l	Lattes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 5962	0-2501	Γ		ol Clerk June 1		
Elementary District Responsible for R	eimbursing the Con	itract		County	<u>'</u>	Legal Entity
Cottonwood Elem				Hill		0445
High School or K-12 District Responsi	ible for Reimbursing	g the Contract		County		Legal Entity
Is this contract shared between e □ yes □ no	lementary and hi	gh school?				
Are you applying for isolation star (If yes, please attach explanation)	□ No	Stud	dent Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro	ation of residence. ices must be review isportation committed	In order to receive red and approved by the ee, and the Office of	Stud	dent Name	School	Grade
Check here only if increased payment District Trustees and the County Tran	t due to isolation ha	s been approved by the	Stud	dent Name	School	Grade
Elem District Approval	Initials no no		Stud	dent Name	School	Grade
County Approval	□ no			<u>S CONTRACT IS FO</u> des 1-12	DR:	
Parent or Guardian Name: (Pleas	se Print)			st Semester Only	□ 2nd Semester On	ly Both Semesters
Stephanie Borst Physical Address (street address	only):		Pre	-kindergarten/Kinder	garten	
Friysical Address (street address	oung).			st Semester Only	□ 2nd Semester On	ly Both Semesters
Distance from home to nearest so Elementary 11 HS 0 Distance from home to nearest be Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include	us stop, if any (or		Kin by t To c Kin To c To c	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day,	days per week days per week bool-age students: days per week
Total	Total 1	Total Total	CLE files		I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans			CO	UNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans				y for your files.		
Room & Board					IMBURSEMENT R	
Correspondence				(1 01 0.00	not, ocurry and or	, 466 61.119)
Reg. Contingency				Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.					20-10-142, MCA.	
opec. Ed. Gontin.						
Agreement between parent (pare	ent name)			d school district (distr	,	,
(county name) The parties agree as follows: The parent shall transport or provide insured driver will transport the stude In March and June, the District shall transported for the past semester. The payment shall be computed on the computed on the semester.	ents. Mileage contracts pay the parent the sum the basis of the schedu	student(s) to and from the scho s are valid only when transport n officially approved in the app alle established in Section 20-1	ool or bus stop or tation for the dista dication upon cert 0-142, MCA, and	ince reported on the contractification by the teacher or potential the information accompany	session. The parent or guard t actually occurs. rincipal of the school of the nuring this contract.	
4. This contract shall terminate at the e Elementary School District	Chair, Board of		nger enrolled in s	cnool, whichever occurs firs	ī.	Date
Cottonwood Elem High School District	Chair, Board o	of Trustees				Date
		I attest that the abov	ve information	is true and correct.		
Signature - Parent or Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620	-2501		e to School Clerk Jur		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Cottonwood Elem			Hill		0445
High School or K-12 District Responsib	ole for Reimbursing the Co	ontract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high sch	nool?			
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased r	eimbursement	Gradent Hame	30.100.	0.000
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans	ces must be reviewed and sportation committee, and	approved by the the Office of	Student Name	School	Grade
Public Instruction. (10.7.116 ARM prov	,		Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	portation Committee.	approved by the			
	Initials □ no		Student Name	School	Grade
	□ no □ no		THIS CONTRAC	T IS FOR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 □ 1st Semester	Only 2nd Semester Or	nly Both Semesters
Twila Dyrland			Pre-kindergarten	/Kindergarten	
Physical Address (street address	only):		☐ 1st Semester	Only 2nd Semester Or	nly Both Semesters
			KINDERGARTE	N/PREKINDERGARTEN:	
Distance from home to nearest so Elementary 11.3 HS 0	hool (one way)		by this contract		-age students also covered days per week
Distance from home to nearest but Elementary 9.3 HS 0	is stop, if any (one way	()	To or from Schoo Kindergarten ch To or from Bus S	times per day, nild rides <u>without</u> other schetop times per day,	days per week ool-age students: days per week
□ Contract is for one-way only			To or from School	ol times per day,	days per week
Students in Each Grade Level - Only include	the students to be covered by	this contract.	Deadlines:	to School Clerk June 1.	
Pre-K	K 1-8	9-12			
Total	Total Total	Total	CLERKS: Send files.	original to County Supt by Ju	uly 1, retain a copy for your
Regular Trans			COUNTY SUPE	PINTENDENTS: Send origin	nal to OPI by July 10, retain a
Spec. Ed. Trans			copy for your file		iai to Oi i by July 10, letaili a
Room & Board				REIMBURSEMENT R	
Correspondence			(F	For district, county and OP	I use only)
Reg.					
Contingency				Reimbursement rate is deter 20-10-142, MCA.	rmined by
Spec. Ed. Contin.				,	
Agreement between parent (parer	nt name)		, and school distr	ict (district name)	,
(county name)		_ County, hereinaf	ter referred to as the Dis	strict(s).	
The parties agree as follows: 1. The parent shall transport or provide to insured driver will transport the student insured driver will be student insured to the student insured driver.				chool is in session. The parent or guar	rdian assures that a licensed and
				ne contract actually occurs. acher or principal of the school of the n	number of days the student(s) was
The payment shall be computed on the This contract shall terminate at the error.					
Elementary School District Cottonwood Elem	Chair, Board of Trus	tees			Date
High School District	Chair, Board of Trus	tees			Date
	l atte	est that the above i	information is true and o	orrect.	
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 a, MT 59620-	-2501			School Year ue to School	2005- 2006 Clerk June 1		
Elementary District Res	ponsible for Rei	mbursing the C	Contract		(County	,	Legal Entity
Cottonwood Elei					1	Hill		0445
High School or K-12 Dis	strict Responsib	le for Reimburs	ing the Cont	ract	(County		Legal Entity
Havre H S						Hill		0428
Is this contract share ☐ yes ☐ no	ed between ele	ementary and	high schoo	ol?				
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)		□ No	nbursement	Stude	nt Name	School	Grade
rates for special circum increased rates, individing trustees of the district, the Public Instruction. (10.7)	stances of isolat ual circumstance he county trans	tion of residences must be revi portation comm	e. In order to ewed and ap littee, and the	o receive proved by the		nt Name	School	Grade
Check here only if incre District Trustees and th		oortation Comm	nittee.	proved by the	Stude	nt Name	School	Grade
Elem District Approval HS District Approval		Initia no no			Stude	nt Name	School	Grade
County Approval	ges	no				CONTRACT IS FO	DR:	
Parent or Guardian I	Name: (Please	e Print)					□ 2nd Semester Only	☐ Both Semesters
Karla Vaughn						ndergarten/Kinder		
Physical Address (st	reet address o	only):			□ 1st	Semester Only	□ 2nd Semester Only	☐ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 29 to nearest but HS 3.3 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kinde by thi To or To or Kinde To or To or To or Deac PARE files. COUN	rgarten child rides contract: from Bus Stop_ from School rgarten child rides from Bus Stop_ from School dlines: NTS: Due to Scho KS: Send original ATTY SUPERINTEN for your files. RE (For dist	times per day, tool Clerk June 1.	days per week days per week 1, retain a copy for your to OPI by July 10, retain a TE use only)
insured driver will tr. In March and June, transported for the payment shall be	s: nsport or provide tr ansport the studen the District shall pr past semester. be computed on the	ansportation for the standard the same	ne student(s) to acts are valid o sum officially ap	o and from the school only when transportation oproved in the applicated ed in Section 20-10-1	fter referred to l or bus stop on the ion for the distance ation upon certification upon certification.	e reported on the contract	session. The parent or guardia tactually occurs. rincipal of the school of the num	
Elementary School D Cottonwood Elem		Chair, Boar						Date
High School District Havre H S		Chair, Boar	d of Trustee	es				Date
			I attest	that the above	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity
Rocky Boy Elen	n					Hill		1207
High School or K-12 D	istrict Responsib	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residenc es must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly □ Both Semesters
Grant Denny		I. A.				-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	lly □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 4.7 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any	(one way)	s contract. 9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day, times per day, times per day, s without other sche times per day, tool Clerk June 1.	days per week da
Agreement between	narent (narer	nt name)			and	d school district (distri	rict name)	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th	ransportation for the state of the parent the state basis of the sche	ne student(s) to acts are valid c sum officially a edule establish	County, hereinaff o and from the school only when transportation pproved in the applica	ter referred or bus stop on on for the dista tion upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the n	rdian assures that a licensed and umber of days the student(s) was
Elementary School		Chair, Boar				.,		Date
Rocky Boy Elem High School District	: :	Chair, Boar	d of Truste	es 				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 20250 Helena, MT 5	1	School Year 2005- 2006					
Elementary District Responsible f	or Reimbursing the Co	ntract	County		Legal Entity		
High School or K-12 District Resp	onsible for Reimbursin	g the Contract	County		Legal Entity		
K-G H S			Hill		1209		
Is this contract shared between □ yes □ no	en elementary and h	igh school?					
Are you applying for isolation (If yes, please attach explana ISOLATION: Section 20-10-142,	tion)	□ No	Student Name	School	Grade		
rates for special circumstances of increased rates, individual circum trustees of the district, the county Public Instruction. (10.7.116 ARM	isolation of residence stances must be review transportation committed.	In order to receive ved and approved by the ee, and the Office of	Student Name	School	Grade		
Check here only if increased payr District Trustees and the County	ment due to isolation ha	as been approved by the	Student Name	School	Grade		
Elem District Approval ☐ yes HS District Approval ☐ yes	Initials □ no □ no □ no	S 	Student Name	School	Grade		
County Approval	□ no		THIS CONTRAC Grades 1-12	T IS FOR:			
Parent or Guardian Name: (P	lease Print)		☐ 1st Semester	Only	□ Both Semesters		
Don & Les Hanson Physical Address (street address)	ress only):		Pre-kindergarten	/Kindergarten Only □ 2nd Semester Only	□ Both Semesters		
,	,			N/PREKINDERGARTEN:	Doin Semesiers		
Distance from home to neare Elementary 0 HS 1 Distance from home to neare Elementary 0 HS 4.5	3.5 st bus stop, if any (o	ne way)	Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
☐ Contract is for one-way or Students in Each Grade Level - Only in	•	overed by this contract.	Deadlines:				
Pre-K	K	1-8 9-12	PARENTS: Due	to School Clerk June 1.			
Total	Total	Total Total	CLERKS: Send files.	original to County Supt by July	1, retain a copy for your		
Regular Trans				RINTENDENTS: Send original	to OPI by July 10, retain a		
Spec. Ed. Trans			copy for your files		TE		
Room & Board Correspondence			(F	REIMBURSEMENT RA for district, county and OPI			
Reg. Contingency				Reimbursement rate is determ	ined by		
Spec. Ed. Contin.				20-10-142, MCA.			
Agreement between parent (p	parent name)		, and school distr	ict (district name)	,		
insured driver will transport the In March and June, the District transported for the past semest	students. Mileage contract shall pay the parent the sur er.	student(s) to and from the scho- ts are valid only when transporta m officially approved in the appli	ation for the distance reported on t	chool is in session. The parent or guardia he contract actually occurs. acher or principal of the school of the num			
		or when the student(s) is no long	ger enrolled in school, whichever		Date		
High School District K-G H S	Chair, Board	of Trustees			Date		
		I attest that the above	e information is true and c	orrect.			
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620								
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
K-G H S					Hill		1209		
Is this contract share □ yes □ no	d between el	ementary an	d high schoo	ol?					
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade		
rates for special circum- increased rates, individual trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of residences must be resportation com	ice. In order to viewed and apprinted and the mittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian N	Name: (Pleas	e Print)			□ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters		
Percy & Laurie N Physical Address (st	Nordrum reet address	only).			Pre-kindergarten/Kinder		Doth Competers		
,		oy/.			 1st Semester Only KINDERGARTEN/PRE 	,	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 13				Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
□ Contract is for on	, ,					unics per day, _	days per week		
Students in Each Grade Le					Deadlines: PARENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Jul	y 1, retain a copy for your		
Regular Trans						NDENTS: Send origina	l to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI			
Reg.					Poimh	ursement rate is detern	nined by		
Contingency Spec. Ed. Contin.					remi	20-10-142, MCA.	iiiled by		
Agreement between	parent (parer	nt name)			, and school district (dist	rict name)	,		
insured driver will trace. In March and June, transported for the payment shall be traced to	nsport or provide to ansport the studer the District shall p past semester. the computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	fter referred to as the District(s) or bus stop on the days when school is it ion for the distance reported on the contration upon certification by the teacher or partial time. MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guard ct actually occurs. vincipal of the school of the nul ying this contract.			
Elementary School D	District	,	ard of Truste				Date		
High School District K-G H S		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M		Due to School Clerk June 1						
Elementary District Respons	ible for Rei	imbursing the	Contract			County	L	Legal Entity
K-G Elem						Hill		1208
High School or K-12 District	Responsib	le for Reimbu	ırsing the Con	tract		County		Legal Entity
Is this contract shared be ☐ yes ☐ no	tween ele	ementary ar	nd high scho	ol?				
Are you applying for isola		ıs? □ Yes	□ No		Stu	dent Name	School	Grade
(If yes, please attach exp ISOLATION: Section 20-10		, provides for	increased rei	mbursement	Otal	John Hamo	Concor	Ciddo
rates for special circumstance increased rates, individual citrustees of the district, the confidence in the confidence	rcumstance ounty trans	es must be re portation com	eviewed and a nmittee, and th	oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.7.116 Check here only if increased District Trustees and the Core	payment o	due to isolatio	n has been ar	pproved by the	Stud	dent Name	School	Grade
		In	itials		Stud	dent Name	School	Grade
Elem District Approval y	es 🗆	no						
County Approval		no			Gra	<u>S CONTRACT IS FO</u> des 1-12		
		· · · · · · · · · · · · · · · · · · ·			□ 1	st Semester Only	 2nd Semester Only 	/ □ Both Semesters
Kyle & Kodi Peterso Physical Address (street	on address o	only):				kindergarten/Kinder	garten □ 2nd Semester Only	/ □ Both Semesters
,		•				·	Í	both ochlesters
Distance from home to nearest school (one way) Elementary 21 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 13 HS 0					Kind by to To d Kind	his contract: or from Bus Stop or from School dergarten child ride	es <u>with</u> other school-a times per day, times per day, es without other school	days per week days per week days per week ol-age students: days per week days per week days per week
☐ Contract is for one-wa	ay only				100	or from School	times per day, _	days per week
Students in Each Grade Level - C	Only include t	the students to	be covered by th	is contract.		adlines: RENTS: Due to Sch	ool Clerk June 1	
	re-K otal	K Total	1-8 Total	9-12 Total		ERKS: Send origina		/ 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						_		
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between pare	ent (paren	nt name)			, and	d school district (dist	rict name)	
(county name)				County, hereinaff	ter referred	to as the District(s).		
								an assures that a licensed and
In March and June, the Ditransported for the past se	strict shall pa	ay the parent th	e sum officially a	approved in the applica	ation upon certi	nce reported on the contra- ification by the teacher or p	rincipal of the school of the nur	nber of days the student(s) was
The payment shall be con	nputed on the	e basis of the s d of the school	chedule establish	ned in Section 20-10-1 student(s) is no longe	42, MCA, and er enrolled in so	the information accompany chool, whichever occurs first	ying this contract. st.	
Elementary School Distri K-G Elem			ard of Truste					Date
High School District		Chair, Bo	ard of Truste	es				Date
		<u> </u>	Lattes	t that the above i	information	is true and correct.		<u> </u>
Signature - Parent or Guar	dian		. 41.00				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	elena, MT 59620-2501 Due to School Clerk June 1							
Elementary District Responsible	for Reimbursing the C	ontract	County	Legal Entity				
K-G Elem			Hill	1208				
High School or K-12 District Res	ponsible for Reimburs	ing the Contract	County	Legal Entity				
Is this contract shared betwee □ yes □ no	een elementary and	high school?	<u> </u>					
Are you applying for isolation		□ No	Student Name	School	Grade			
(If yes, please attach explan ISOLATION: Section 20-10-142	ation) 2, MCA, provides for in	creased reimbursement		Consor	Orado			
rates for special circumstances of increased rates, individual circumstrustees of the district, the count Public Instruction. (10.7.116 AR)	of isolation of residence mstances must be review y transportation comm	e. In order to receive ewed and approved by the ittee, and the Office of	Student Name	School	Grade			
Check here only if increased par District Trustees and the County	ment due to isolation	has been approved by the	Student Name	School	Grade			
Elem District Approval	□ no □ no	als	Student Name		Grade			
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12					
·	,		☐ 1st Semester Only ☐	2nd Semester Only Both Semest	ers			
Todd & Margaret Dono Physical Address (street add	oven dress only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to near Elementary 8 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 0 HS of Distance from home to near Elementary 8 HS of Distance from home to near Elementary 0 HS of Distance from home to	est bus stop, if any only include the students to be	(one way)	by this contract: To or from Bus Stop To or from School Kindergarten child rides y To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original to files. COUNTY SUPERINTENDE copy for your files. REIM (For district	vith other school-age students also c times per day, days per times per day, days per vithout other school-age students: times per day, days per times per day, days per	week week week week			
Agreement between parent (parent name)								
High School District	Chair, Board	d of Trustees		Date				
		I attest that the above	information is true and correct.					
Signature - Parent or Guardian	1		Da	ate				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	imbursing the (Contract			County	Legal Entity			
K-G Elem						Hill		1208		
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary and	d high school	ol?						
Are you applying for (If yes, please attack	h explanation)		□ No		Stud	lent Name	School	Grade		
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						Student Name School Grade				
Check here only if incre District Trustees and th		portation Comr	nittee.	proved by the	Stuc	lent Name	School	Grade		
Elem District Approval		Initi □ no	ials 		Stud	lent Name	School	Grade		
HS District Approval County Approval	,	□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly Both Semesters		
Travis & Maria E	Borlaug				Pre-	kindergarten/Kinderg	narten	•		
Physical Address (s	treet address	only):						nly Both Semesters		
Distance from home Elementary 21 Distance from home Elementary 12 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only evel - Only include Pre-K Total	the students to be	(one way) e covered by thi 1-8 Total	9-12 Total	Mind by the Total Control Cont	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho ERKS: Send original of for your files. RESERVATION OF THE SCHOOL RE	times per day, times per day, times per day, es without other sch times per day, tool Clerk June 1.	days per week da		
Agreement between parent (parent name)										
High School District		Chair, Boar	rd of Truste	es				Date		
		<u> </u>	l attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian		. 41100			and and our out.	Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	imbursing the (Contract			County	Legal Entity			
K-G Elem						Hill		1208		
High School or K-12 D	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract share ☐ yes ☐ no	ed between el	ementary and	d high school	ol?						
Are you applying for (If yes, please attack	h explanation)		□ No		Stud	lent Name	School	Grade		
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						Student Name School Grade				
Check here only if incre District Trustees and th		portation Comr	nittee.	proved by the	Stuc	lent Name	School	Grade		
Elem District Approval		Initi □ no	ials 		Stud	lent Name	School	Grade		
HS District Approval County Approval	,	□ no □ no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Or	nly Both Semesters		
Travis & Maria E	Borlaug				Pre-	kindergarten/Kinderg	narten	•		
Physical Address (s	treet address	only):						nly Both Semesters		
Distance from home Elementary 21 Distance from home Elementary 12 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only evel - Only include Pre-K Total	the students to be	(one way) e covered by thi 1-8 Total	9-12 Total	Mind by the Total Control Cont	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho ERKS: Send original of for your files. RESERVATION OF THE SCHOOL RE	times per day, times per day, times per day, es without other sch times per day, tool Clerk June 1.	days per week da		
Agreement between parent (parent name)										
High School District		Chair, Boar	rd of Truste	es				Date		
		<u> </u>	l attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian		. 41100			and and our out.	Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620	-2501	School Year 20 Due to School C					
Elementary District Responsible for Re	imbursing the Contract	Cou	unty	•	Legal Entity		
K-G Elem		Hil	II		1208		
High School or K-12 District Responsib	le for Reimbursing the Contract	Cou	unty		Legal Entity		
K-G H S		Hil			1209		
Is this contract shared between ele □ yes □ no	ementary and high school?						
Are you applying for isolation statu (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA		Student	Name	School	Grade		
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans Public Instruction. (10.7.116 ARM provi	tion of residence. In order to receives must be reviewed and approved portation committee, and the Office	ve Student	Name	School	Grade		
Check here only if increased payment of District Trustees and the County Trans	due to isolation has been approved	Student Student	Name	School	Grade		
	Initials	Student	Name	School	Grade		
County Approval	no	THIS CO	ONTRACT IS FOR	<u>₹:</u>			
Parent or Guardian Name: (Please	e Print)			□ 2nd Semester Only	□ Both Semesters		
Dallas & Janet Donoven			ergarten/Kinderga				
Physical Address (street address of	only):	□ 1st Se	emester Only	 2nd Semester Only 	□ Both Semesters		
Distance from home to nearest sci Elementary 0 HS 18.5 Distance from home to nearest bu Elementary 0 HS 4.5 Contract is for one-way only Students in Each Grade Level - Only include to the science of	s stop, if any (one way) the students to be covered by this contra	Kinderg by this of To or fro To or fro Kinderg To or fro To con fro CLERKS files. COUNTY	contract: Im Bus Stop Im School In School Im S	times per day,times per day,	days per week days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain a ATE use only)		
Agreement between parent (parent name)							
Elementary School District K-G Elem	Chair, Board of Trustees				Date		
High School District K-G H S	Chair, Board of Trustees				Date		
	I attest that t	he above information is tru	ue and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501	School Year 2005- 2006 2501 Due to School Clerk June 1						
Elementary District Re	esponsible for R	eimbursing the	Contract		Co	unty	Legal Entity		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	Co	unty		Legal Entity	
Blue Sky K-12 S	Schools				Hi	II		1220	
Is this contract shar ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?					
Are you applying fo (If yes, please attac	h explanation)	□ No		Student	Name	School	Grade	
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student	Name	School	Grade	
Check here only if inconstruct Trustees and t	eased payment	due to isolation	n has been ap	pproved by the	Student	Name	School	Grade	
Elem District Approval	□ yes	Ini □ no	tials		Student	Name	School	Grade	
HS District Approval County Approval		□ no □ no				ONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S		□ 2nd Semester Onl	y Both Semesters	
Emily Vaughn Physical Address (s	street address	only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
						ŕ	KINDERGARTEN:	,	
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0					by this To or fro To or fro Kindero	contract: om Bus Stop om School parten child ride	times per day, _ times per day, _ times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week	
☐ Contract is for o							unico per day, _	days per week	
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadli</u> PAREN	INES: TS : Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your	
Regular Trans						Y SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a	
Spec. Ed. Trans					copy for	your files.			
Room & Board						R	EIMBURSEMENT RA		
Correspondence									
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. La. Contin.									
Agreement between	n parent (pare	nt name)			, and scl	nool district (dist	rict name)		
(county name)				County, hereinaf	ter referred to a	as the District(s)			
	ansport or provide							ian assures that a licensed and	
In March and June	, the District shall	nts. Mileage con pay the parent the	tracts are valid of sum officially a	only when transportation only when transportation only when transportation in the application of the second contract of the second contra	on for the distance reation upon certification	eported on the contra on by the teacher or p	ct actually occurs. rincipal of the school of the nu	mber of days the student(s) was	
transported for the 3. The payment shall 4 This contract shall	be computed on t	he basis of the so	chedule establish	ned in Section 20-10-1 student(s) is no longe	42, MCA, and the in	formation accompany	ying this contract.		
Elementary School			ard of Truste		5 5 5 5 5 5 5			Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above i	information is tr	rue and correct.			
Signature - Parent or	Signature - Parent or Guardian Date								